

### Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

**This is to Certify that**

WHEATON VAN LINES, INC.  
D/B/A WHEATON-WORLD WIDE MOVING ETAL  
8010 CASTLETON ROAD  
INDIANAPOLIS IN 46250

Name and  
address of  
insured.



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE	POLICY NUMBER	LIMIT OF LIABILITY
<b>WORKERS COMPENSATION</b>  <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	4/1/2000	*WA1-14D-002767-019	<b>COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:</b> CA, CT, FL, IL, IN, OK,  <b>EMPLOYERS LIABILITY</b> Bodily Injury By Accident: \$1,000,000 Each Accident Bodily Injury By Disease: \$1,000,000 Policy Limit Bodily Injury By Disease: \$1,000,000 Each Person
<b>GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM RETRO DATE:	4/1/2000	CA1-141-002767-049	<b>General Aggregate - Other than Products/Completed Operations</b> \$4,000,000 <b>Products/Completed Operations Aggregate</b> Included in General Aggregate <b>Bodily Injury and Property Damage Liability</b> Per Occurrence: \$2,000,000 <b>Personal Injury</b> Per Person/Organization: \$2,000,000 <b>Other \$300,000 FIRE LEGAL LIAB/PER</b> <b>Other \$5,000 MED PMTS/PER PERSON</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED  <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	4/1/2000	AT1-141-002767-029	\$2,000,000 Each Accident - Single Limit B.I. and P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence
OTHER			
<b>ADDITIONAL COMMENTS</b> *TURN TO BACK FOR WC LARGE DEDUCTIBLE WORDING			

\* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

**SPECIAL NOTICE- OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS:** IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER, WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

**NOTICE OF CANCELLATION:** (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST **30** DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

U.S. DEPARTMENT OF ENERGY

CERTIFICATE PO BOX 2008

HOLDER OAK RIDGE, TN 37831

*Lois McGuffey*  
Lois McGuffey  
AUTHORIZED REPRESENTATIVE

Indianapolis, IN (317) 582-1700 08/10/99  
OFFICE PHONE NUMBER DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by Those Companies BS1501/F